

**MUTUAL SYSTEMS PERFORMANCE AGREEMENT
FY 2004 THROUGH FY 2005**

Between the

ADAMH/CMH BOARDS

and the

OHIO DEPARTMENT OF MENTAL HEALTH

ADAMH/CMH Board:

**Lucas County Mental Health Board
March 21, 2003**

Table of Contents

SECTION ONE: Introduction	3
SECTION TWO: General Parameters	3
Action Required: Fill in name of Board and address.....	3
SECTION THREE: Funding	4
SECTION FOUR: Legal Authority and Responsibilities	5
SECTION FIVE: Applicable Requirements	7
SECTION SIX: Information and Reporting	8
SECTION SEVEN: Mutual Focus Areas	9
Action Required: Complete ACCESS narrative.....	11
Action Required: Complete QUALITY narrative.....	11
Action Required: Complete RECOVERY/RESILIENCY narrative.....	12
Action Required: Complete JUVENILE & CRIMINAL JUSTICE narrative.....	12
Action Required: Complete CONSUMER PROTECTION narrative.....	12
Action Required: Complete EMERGING PUBLIC POLICY/SVC. ISSUES narrative.....	13
SECTION EIGHT: Miscellaneous	13
SECTION NINE: Signatures	14
Action Required: Board Executive Director and Chair Signatures.....	14
SECTION TEN: Appendices	15
Definitions.....	16
Block Grant Assurances- Certifications.....	19
Action Required: Board Executive Director Signature.....	21
Block Grant Assurances- Non-Construction Programs.....	22
Action Required: Board Executive Director Signature.....	23
Board Data Appointment Sheet.....	24
Action Required: Complete matrix.....	24
Client Rights and Grievances Annual Report format.....	25

SECTION ONE: Introduction

The foundation of the Mutual Systems Performance Agreement (MSPA) is quality improvement. That is, representatives of the Ohio Association of County Behavioral Health Authorities (OACBHA) and the Ohio Department of Mental Health (ODMH) agree that the ultimate goal of the mental health system is to provide accessible quality care, prevention and intervention services to persons with mental illness, measure performance, identify opportunities for improvement and actual improvements in local systems. The information and data provided through this MSPA process will be used by the Executive Policy Management Committee (EPMC) to identify statewide issues and best practices, and work collaboratively to develop a statewide approach regarding these issues.

This MSPA is also an effort to positively build upon the Community Plan requirements of the Ohio Revised Code (ORC 340.03 and 5119.61). Its intent is to create a clear and meaningful agreement regarding mutual expectations and performance, to establish a process of identifying and resolving mutual concerns and to identify local best practices, successes and exemplary programs.

The MSPA document represents one portion of those ORC requirements. Other elements of the Plan include, but are not limited to: 1) the local system's service plan to address the needs of the community at large, the needs of persons with a severe mental disability (SMD) and children and youth with a serious emotional disturbance (SED) as represented on the financial planning form, DMH-FIS 040a and; 2) the 408 Allocation forms that address inpatient needs.

Because of the fiscal crisis in the state, the MSPA/Community Plan for the 2004 – 2005 biennium will be completed in two phases this year. The first phase will include the Assurances, Requirements and Mutual Focus Areas. This document will be sent to the ADAMH/CMH Board December 18, 2002, completed and returned to ODMH March 28, 2003. The second phase will include the financial planning documents sent to the ADMH/CMH Board for completion after the General Assembly passes the state budget.

The complete and successful submission of all documents for both phases (including all appendices) will constitute the approved Community Plan for the ADAMH/CMH Board. Completion and approval of the phase one documents will enable the ADAMH/CMH Board to request its first quarter allocation for SFY 2004. Completion and approval of the phase two documents will enable the ADAMH/CMH Board to request allocations for subsequent quarters.

SECTION TWO: General Parameters

- 2.1. This Mutual Systems Performance Agreement ("MSPA") is entered into by and between the Alcohol, Drug and Mental Health/Community Mental Health (ADAMH/CMH) Board of Lucas County Mental Health Board, whose primary location is, 701 Adams Street, Suite 800, Toledo, OH 43624 and the Ohio Department of Mental Health (ODMH).
- 2.2. This MSPA is part of a process between ODMH and the ADAMH/CMH Boards that defines areas of work that are of mutual concern, success and responsibility, focuses on mutual performance, and requires submission of a document that presents the ADAMH/CMH Board's plan to advance those areas of mutual focus. The MSPA, along with other planning documents, constitutes a proposal to ODMH by the ADAMH/CMH Board to satisfy

Community Plan requirements of the Ohio Revised Code (O.R.C. 340.03 and O.R.C. 5119.61)

- 2.3. This MSPA shall commence on the 1st day of July 2003, and shall terminate at the end of the 30th day of June 2005.
- 2.4. The ADAMH/CMH Board and the Director of ODMH shall approve the formation, validity and the enforceability of this MSPA.
- 2.5. The ADAMH/CMH Board must submit the completed and signed MSPA, and receive ODMH approval, in order to receive funding from ODMH. In addition, the ADAMH/CMH Board must submit required reports in a timely manner to avoid potential suspended payment of allocation.
- 2.6 Many provisions within this Agreement contain sections and/or portions of sections of the ORC, OAC, federal statutes and regulations. Both the ADAMH/CMH Board and the ODMH agree and acknowledge that other sections and/or portions of sections of these codes that may not be referenced here, may be relevant to the parties' performance of their obligations, and any omission of said sections and/or portions of sections are not intended to limit said performance of obligations.
- 2.7 Both ODMH and the ADAMH/CMH Board shall perform their respective duties under the MSPA in accordance with applicable requirements, including the federal statutes and regulations, O.R.C., O.A.C. and ODMH Certification Standards.

SECTION THREE: Funding

- 3.1 The MSPA document represents one portion of O.R.C. requirements for the Community Plan. Other elements of the Plan include, but are not limited to: 1) the local system's service plan to address the needs of the community at large, the needs of persons with a severe mental disability (SMD) and children and youth with a serious emotional disturbance (SED) as represented on the financial planning form, DMH-FIS 040a; and 2) the 408 Allocation forms that address inpatient needs.
- 3.2 The ODMH will provide an addendum to this section of the MSPA requesting the completion of the DMH-FIS 040a and the 408 Allocation forms, within 60 days of the legislatively passed budget, with final figures based upon the approved Budget Bill signed by the Governor.
- 3.3 Both ODMH and the ADAMH/CMH Boards understand that implementation of some of the activities described herein may be contingent upon the state budget passed by the legislature and approved by the Governor.

SECTION FOUR: Legal Authority and Responsibilities

4.1 The legal responsibilities of the ADAMH/CMH Board and the ODMH shall be in accordance with the various requirements of the O.R.C. and the O.A.C., including but not limited to those sections that include:

- 4.1.1 Planning, Assessment & Auditing: O.R.C. §340.03(A)(1)(a) through (c)], [O.R.C. §340.03(A)(3), (4) and (6)]
- 4.1.2 Quality Assurance: [O.A.C. §5122-28-03(F)], [O.R.C. §340.03(A)(3)], [O.A.C. §5122-28-03(K)(1)&(4) and (L)(6)]
- 4.1.3 Housing and Residential Services: [O.A.C. § 5122-31-01&-02] [O.R.C. §340.03(A)(5), (14)&(16) and [O.R.C. §340.09(K)]
- 4.1.4 Affirmative Action: [O.R.C. §340.12]
- 4.1.5 Consumer/Public Participation: [O.R.C. §340.011(A)(8)], [O.R.C. § 340.03(A)(15)] and [O.R.C §340.03(E)]
- 4.1.6 Community Support System: [O.R.C. §5119.06(A)(1)] [O.R.C. §340.03 (A)(11)(a) through (k)]
- 4.1.7 Client Rights & Grievances: [O.A.C. §5122:2-1-02(H) and (I)] and [O.R.C. §5119.612]
- 4.1.8 Information Management: [O.R.C. §5119.61(H)]
- 4.1.9 Contracting and Contract Disputes: [O.R.C. § 340.03(A)(8)(a)]
- 4.1.10 Forensic Monitoring: [O.R.C. §5119. 57]
- 4.1.11 Residency Disputes: [O.R.C. §5122.01(S)]
- 4.1.12 Utilization Review: [O.R.C. § 340.03(A)(8)(a)]
- 4.1.13 Waiting Lists: [O.A.C. §5122-28-03(C)(5)(c)(vii)]
- 4.1.14 Neglect and Abuse: [O.R.C. §340.03(A)(2)]
- 4.1.15 Major Unusual Incidents: [O.A.C. §5122-26-13(D)]
- 4.1.16 Service Evaluation: [O.A.C. §5122-28-04(B)(3)]
- 4.1.17 Research: [O.A.C. §5122-28-05]
- 4.1.18 Medicaid Contract: [O.R.C. §5111.022(E)] [O.R.C. §340.03(8)(a)]
- 4.1.19 Annual Reports: [O.R.C. §340.03(A)(10)]

- 4.1.20 The director of mental health shall ensure that at least one member of the board is a person who has received or is receiving mental health services paid for by public funds and at least one member is a parent or other relative of such a person. [O.R.C. §340.02]
- 4.1.21 ODMH shall review each ADAMH/CMH Board's plan submitted pursuant to section 340.03 of the Revised Code, and approve or disapprove it in whole or in part. ODMH and the Board shall resolve any disputes related to the plan. [O.R.C. §5119.61 (I)] and [O.R.C. §340.03(A)(1)(c)].
- 4.1.22 This agreement may be modified, in writing, by mutual consent of the parties consistent with O.R.C. Section 340.03 (A)(1)(c).
- 4.1.23 ADAMH/CMH Boards shall be responsible for individuals committed to them in accordance with Revised Code Section 5122.15(C)(4) and Section 340.03(A)(12).
- 4.1.24 ADAMH/CMH Boards and ODMH shall work collaboratively to plan care for "the needs of all residents of the district now residing in state mental institutions" for "delayed days" as well as civil. [O.R.C. §340.03] [O.R.C. §5119.61(B)]
- 4.2 The legal responsibilities of the ADAMH/CMH Board and of the ODMH shall be in accordance with the various requirements of federal statute, including but not limited to:
- 4.2.1 Nondiscrimination in employment or the provision of services on the basis of disability - 42 U.S.C. §12111 et seq. (The Americans with Disabilities Act); 29 U.S.C. §794 et seq.; 45 C.F.R. Part 94 (Section 504 of the Rehabilitation Act of 1973).
- 4.2.2 Nondiscrimination in the provision of services on the basis of age - 42 U.S.C. §6101 et seq. (Age Discrimination Act of 1975).
- 4.2.3 Nondiscrimination in the provision of services on the basis of race, color, or national origin (Limited employment) - 42 U.S.C. §2000d-1 et seq. - 45 C.F.R. Part 80 (Title VI of the Civil Rights Act of 1964)
- 4.2.4 Nondiscrimination in employment on the basis of race, color, religion, sex or national origin - P.L. 88-352 (Title VII of the Civil Rights Act of 1964)
- 4.2.5 Nondiscrimination in housing on the basis of race, color, religion, sex, handicap, familial status or national origin. - P.L. 100-430 (Fair Housing Act Amendments of 1988).
- 4.2.6 The ADAMH/CMH Board shall ensure that the terms of the use of, and conditions for Block Grant funds are followed appropriately throughout the system.

SECTION FIVE: Applicable Requirements

5.1 The ADAMH/CMH Board and the ODMH shall carry out all duties under the MSPA in a manner that promotes:

- 5.1.1 Mutual agreement that leads to the development, maintenance and improvement in a quality system of care. Quality elements should reflect system values and outcomes in both clinical and administrative functions.
- 5.1.2 The recovery and resiliency processes of adult, children and youth consumers.
- 5.1.3 The rights of consumers and their families as defined in applicable federal and state laws and in ODMH Certification Standards.
- 5.1.4 The involvement of consumers and their families in all phases of treatment, and organizational planning and evaluation and quality assurance processes.
- 5.1.5 The sharing of information between the ODMH and the ADAMH/CMH Board that will help to improve the quality of the system, but maintain the confidentiality of consumer records as required by applicable state and federal statutes, including O.R.C. §5122.31.
- 5.1.6 The cooperation between the ADAMH/CMH Board and ODMH in all monitoring activities for all services rendered, that are paid in whole or in part using state or federal public funds, including but not limited to, certification audits, program reviews, outcomes reviews, capital reviews, Medicaid reviews/audits, housing outcomes reviews, Title XX compliance reviews and fiscal audits.
- 5.1.7 The development and implementation of local system-wide quality improvement (QI) processes that are yet to be defined. Such QI measures shall include, but are not limited to:
 - 5.1.7.1 Core service access and capacity for both SED/SED and non-SMD/SED
 - 5.1.7.2 Utilization Review
 - 5.1.7.3 Client Outcomes
 - 5.1.7.4 Client Rights & Grievances and Major Unusual Incident data

SECTION SIX: Information and Reporting

6.1 The ADAMH/CMH Board shall provide the following information and reports to ODMH for SFY 2004 and 2005.

- 6.1.1 DMH-FIS-040 (Actual) - FY 2003 ADAMH/CMH Board Actual **are due by January 1, 2004; FY 2004, January 1, 2005; and FY 2005, January 1, 2006.**
- 6.1.2 DMH-FIS-062 (Actual) - FY 2003 Agency Actual **are due by January 1, 2004; FY 2004, January 1, 2005; and FY 2005, January 1, 2006.**
- 6.1.3 Housing Outcomes Performance Evaluation (HOPE) Report: This report includes reporting for board-determined allocations for HAP and SHOP. One report per fiscal year will be required by ODMH. This report will combine year-end report for FY 2003 and projections for FY 2004. Mid year report will be required only if changes are made to board-determined allocations for HAP and SHOP activities (fiscal and/or program). First quarter funds for FY 2004 are available immediately, draw down for remaining quarters is contingent upon submission, review and approval by ODMH of the combined **FY 2004 outcomes projection report and FY 2003 HOPE Year End Report due August 15, 2003.**
- 6.1.4 Block Grant Annual Reports (for special funded projects only) **shall be submitted as instructed in NOFA** (Notice of Funding Award).
- 6.1.5 Agency Fiscal Audit Report **is due within six months of end of agency's fiscal year.**
- 6.1.6 ADAMH/CMH Board Annual Report **is due within 30 days of completion** for each respective fiscal year.
- 6.1.7 Community Capital Plans for the FY 2005 - 2006 biennium will be **due September 2003.**
- 6.1.8 Community Forensic Risk Management and System Development (Line Item 401 C) year-end report due in the Office of Forensic Services by **September 10, 2004, September 10, 2005 and September 10, 2006.**
- 6.1.9 Community Medication Subsidy **FY 2004 Central Pharmacy-Agency Allocation (Form PSC-042) due September 2, 2003**, for FY 2005 **due September 2, 2004**, and for FY 2006 **due September 2, 2005** to Patrick Mascaro, Office of Support Services, Medical Complex, 2150 West Broad Street, Columbus, Ohio 43223-1200.
- 6.1.10 Block Grant Assurance Statements **are due before MSPA can be finalized** (see Section 12, Appendices 2 & 3).
- 6.1.11 Board Appointment Data Sheets **are due before the MSPA can be finalized** (see Section 12, Appendix 4).
- 6.2 The ODMH shall provide the following information and reports to the ADAMH/CMH Board for SFY 2004 and 2005.
 - 6.2.1 Weekly MACSIS claims status reports.
 - 6.2.2 Biweekly MACSIS member maintenance reports.

- 6.2.3 Weekly MACSIS member and claims extracts.
- 6.2.4 Monthly and yearly Patient Care System admission, discharge and resident day reports.
- 6.2.5 Daily access to the Patient Care System as consistent with applicable state and federal laws, and if desired by the ADAMH/CMH Board
- 6.2.6 Meetings with BHO staff, upon request of the ADAMH/CMH Board, to discuss the continuum of care of individuals being served by the BHOs.
- 6.2.7 MSPA summary information.
- 6.2.8 EPMC will develop a process to determine additional information/reports needed under this section.

SECTION SEVEN: Mutual Focus Areas

7.1 Background and Context: This section outlines agreements made between ADAMH/CMH Board and ODMH regarding information that shall be provided to assess whether planning and action is occurring to ensure the integrity of the local and statewide public mental health system. The EPMC will use the data provided in this section to:

- 7.1.1 Identify areas of mutual statewide concern and success among ADAMH/CMH Boards and ODMH regarding adults with SMD and children and youth with SED;
- 7.1.2 Identify changes in local system plans since the Safety Net Survey that accompanied the SFY 2003 MSPA Addendum;
- 7.1.3 Identify critical gaps in planning and actions to deal with statewide and local fiscal pressures;
- 7.1.4 Identify local systems that are maintaining/improving quality despite fiscal pressures;
- 7.1.5 Identify technical assistance needs (not limited to that available at ODMH); and
- 7.1.6 Identify critical gaps in planning and action to deal with access and continuum of care issues between the ADAMH/CMH Boards and the BHOs.

7.2 Administration: Data sent to ODMH will include 1) MACSIS enrollment, 2) MACSIS claims, 3) Behavioral Health Module, and 4) Outcomes System data.

- 7.2.1 Enrollment: ADAMH/CMH Boards will enroll clients into MACSIS in a timely manner with a goal being to return Unique Client Identifier (UCI) numbers for previously enrolled clients within 3 business days and newly enrolled clients within 5 business days. ODMH will centrally support the Member function and supply operational and management reports to the ADAMH/CMH Boards in a timely manner.

- 7.2.2 Claims Processing: ADAMH/CMH Boards will ensure that claims and encounter records are collected for all Medicaid and Non-Medicaid services that meet the MACSIS guidelines for client services paid in whole or in part through the ADAMH/CMH Boards. Claims will be paid in a timely manner with a goal of payment within 2 weeks of receiving a valid remittance advice for claims. Please note the absolute standard is 30 days. ODMH will centrally support the claims function, run all edits, accounts payable and check post functions in a timely manner with a goal of adhering to the posted weekly schedule.
- 7.2.3 Behavioral Health Data: ADAMH/CMH Boards will encourage the submission of Behavioral Health Data in a timely manner for all clients admitted and discharged from funded providers and who have services paid for in whole or in part by the ADAMH/CMH Board. The goal will be to have all admission and discharge records into MACSIS within 30 days of the end of the fiscal year. ODMH will provide reporting and file access to this data in such a way as to protect confidentiality and comply with state and federal laws.
- 7.2.4 Outcomes: Forty-three ADAMH/CMH Boards have received Outcome Incentive Grants and are in the process of implementing the Ohio Mental Health Consumer Outcomes System in accordance with the Outcomes System Procedural Manual and the Implementation Planning Checklist. These ADAMH/CMH Boards will have an established flow of data from the Providers through the ADAMH/CMH Board to the Department and back to the Provider. For other ADAMH/CMH Boards, sending data to the Outcomes System is optional at this time.

The ODMH will provide error reports to the ADAMH/CMH Boards concerning data flow and will provide aggregate comparative data reports to ADAMH/CMH Boards and their Providers when data flow has been established from a sufficient number of ADAMH/CMH Boards.

- 7.3 Public Mental Health System Focus Areas: Priorities for the next two years evolved from the SFY 2003 - 2004 MSPA. The state fiscal realities called for some changes to the previous priorities. The focus areas for the SFY 2004 – 2005 MSPA are: Access, Quality, Recovery/Resiliency, Juvenile and Criminal Justice, Consumer Protections and Emerging Public Policy/Service Issues.

Please respond to the questions in each section below. Each response must include information about both adults with SMD and children and youth with SED for the response to be complete. Also, while there is much concern about the current fiscal realities, positive results can emerge from any crisis. Please include any such positive results in your responses.

Responses that are not complete will be returned to the Board. The information provided in this section will be used by the EPMC to fulfill the purposes noted in section 7.1 and to assist ADAMH/CMH Board planning for each focus area.

Multiple questions have been divided, to ensure that each is answered

7.3.1 ACCESS: Goal – Maintain access to care while decreasing disparities in access for diverse populations.

[Note: This biennium, prevention, housing and medication have been subsumed within Access.]

7.3.1.1 What steps is the Board system engaged in to develop a culturally competent system of care?

Board's Vision of Diversity

The shared Vision of Diversity between the LCMHB and system providers states that the Board and workforce will be reflective of the diversity of the community and consumers served. The Vision cites a goal for 25% of the workforce to be African American and 5% will be Hispanic. This Vision was developed to assure sensitivity to needs of different cultures and diverse populations. The Vision addresses the two major population groups in the County. The Vision does not preclude development of programs and services for other identified populations as is appropriate and feasible.

What plans are either in place or being developed to address the needs of adults with SMD and children and youth with SED that are culturally specific or relevant? This section should address any specific services that are available, language access, geographic availability of mental health services, and the coordination of care to vulnerable groups.

Vulnerable Groups Include:

Hard of Hearing services purchased through a provider agency for the hearing impaired which are provided by a culturally competent clinician who is fluent in American Sign Language.

As required, the provider system has the ability to access translation services for other non-English speaking populations.

Older adults are a vulnerable population who often have difficulty accessing mental health services. The Board grant funds a home-based counseling program for depressed older adults who are socially and/or geographically isolated. To reduce barriers to treatment, this program provides in-home counseling for those clients who may have difficulty traveling to a mental health center.

Culturally Competent Programming Include:

The Ayuda Project, a collaboration with NAMI, ensures access to community mental health care by conducting outreach, case finding, and linkage activities. The project also provides community education and support groups for families that are barrier free and culturally competent. Educational and support

materials include:

Spanish version of a Support for Parents Pamphlet to help Hispanic families access mental health services when schools make a recommendation for a youth to receive mental health services.

Spanish version of the Consumer Information Guide to help the Hispanic consumer understand what he can expect from the service system in terms of care and the Client Rights and Grievance process.

Family Support Group is a collaboration between the local NAMI and the Ayuda project to ensure that Family to Family classes/support is provided in the language most familiar to the population.

African American Youth and Families is a partnership between the Board and Harbor Behavioral Health Care to provide direct care at the Cordelia Martin Health Center, which primarily serves the African American Community.

Family Support Group NAMI provides Family to Family classes/support in the African American communities.

New Initiative for FY 2004 will be a pilot project focusing on 25 male Youth of Color, age 8-14, who are involved with the Juvenile Justice System and enrolled in the public mental health system. This project will offer non-traditional support services to these youth to augment mental health services in an effort to reduce recidivism among this population.

This section should also address how the Board system is or plans to reduce barriers to mental health care that deter these individuals from accessing treatment services.

In addition to the projects and programs listed above, the Board continually monitors how the System's Vision Statement is being operationalized, conducts on-going reviews of enrollment and service utilization data for specific groups and populations. The Board also conducts marketing, educational and training programs to educate the public, eliminate stigma and reduce barriers to care.

7.3.1.2 For adults with SMD and children and youth with SED, what are the greatest access problem areas in the Board's local system?

Greatest Access Problem Areas

Adults

- Timely access to treatment and medication and/or a prescription upon release from local or State penal institutions

- Medication for non-Medicaid eligible enrollees
- AOD community based services for SPMI consumers
- Over utilization of mental health crisis emergency services and beds by persons with a primary diagnosis of AOD
- Housing for homeless persons
- Housing for persons (MI/MR) who need intensive supervision, continuous monitoring, and high level of treatment
- Spend-down issues with receiving medical benefits

Youth

- Supportive housing for youth transitioning to adulthood
- Rapid evaluation for youth suspended from school
- Need for an extended stay level of care in the continuum of care for children (not long term residential) with enforceable admission, continued stay and discharge criteria
- Length of time between discharge from the Crisis Stabilization Unit to first appointment with a provider

Adult & Youth

- Need for additional psychiatrists, especially those with child and adolescent training
- Wait time between intake and first service appointment
- Wait time for specific service programs

How is the Board successfully managing them or planning to manage them?

Access issues are being identified and addressed within the fiscal and human resource constraints of the current environment. Without stable and predictable funding, the Board will continue in its attempt to maintain an eroding safety net. The above issues are being/will be managed in the following manner.

The Board will manage Adult Access Problem Areas by:

- creating a sub-committee of the Adult Forensic Task Force to develop a prior notification process between the local penal institutions and CMHC's that would facilitate treatment access upon release
- maximum use of pharmaceutical indigent and sample programs
- investigating the feasibility of a joint venture between the Neighborhood Health Facilities (Federal Funding Poverty program) and the Board system to secure medications at a lower cost for non-Medicaid eligibles
- engaging an outside consultant to evaluate how psychiatric services are purchased, delivered and managed in the system

- discussions with AOD Board around service gaps in the AOD service delivery system for the dual client. Possibility of redirecting MI discretionary funds allocated to ADAS to better serve the population
- implementation of Rapid Housing Placement for homeless SPMI's that is not conditioned on being enrolled in a provider organization
- continued talks with MR around a joint housing venture for dual high need consumers.
- billing MR when community based MI housing options are available but for whatever reason are rejected by MR for one half the cost of hospitalization in the public hospital
- continuing to encourage the use of Advanced Practice Nurses with Prescription Authority

The Board will manage Youth Access Problem Areas by:

- development of a PACT model transitional housing unit for youth 18-25
- continuation of the quarterly meeting of the Youth Task Force to continually monitor how services to youth are being delivered, identify service gaps and make recommendations for problem solving and to conduct proactive/positive activities that focus on resiliency and stigma elimination in environments where youth are most often found.
- continued collaboration with stakeholders and providers around needs to expand levels of care for children
- evaluating the possibility of using the 24 hour Emergency Service to conduct pre-return to school evaluation for suspended youth.
- implementing monitoring procedures to ensure that providers meet the Board standard for first appointment after release from a restrictive level of care, in addition, Board staff facilitated the implementation of any agency liaison. The liaison works with the Crisis agency to facilitate clients receiving services in a timely manner and decreasing barriers that may exist.

Are There System Consequences for Focusing on SMD/SED

The short answer is yes. Lucas County has two levies. As funding continues to be reduced by stagnation or further reductions in ODMH funding, local dollars will have to be used to match services for the mandated populations. Levy dollars have more often been used to provide services to non-Medicaid eligible persons, to ensure recovery oriented services that are not reimbursable by any other sources such as housing, advocacy and other supportive services.

While the public understands and supports services to those in severe need, it is untested whether it (public) will accept the limitation on the definition of "severe" as applied in mental health, when the under-insured, not employed or non-Medicaid eligible, adult or child with a less severe mental illness presents for treatment and is turned away.

Further, community collaborations that involve joint funding would be

jeopardized and/or be eliminated.

Public dollars are used to support the above groups. Whether the public will be forgiving and continue to pass levies where the dollars are used solely to support entitlement programs, again has not been and hopefully will not be, tested.

Are there other access issues in your local system? Include in the response any particular local system efforts regarding prevention, housing and medication

Other Access Issues

The Board will begin to study the nexus between physical health and mental health care. The first step will be to survey the consumer population to determine whether or not they are enrolled in a plan and/or have a primary care physician. System efforts regarding prevention, housing and medication include:

Prevention

Diversion Alternatives for Offenders with Mental Illness: LCMHB has developed diversion programs for offenders with mental illness in the jail and the Municipal Court with the goal of linking these persons to CMHCs. This linkage will ensure that their mental health needs are addressed, thereby, decreasing their recidivism.

Crisis Intervention Team

Structured learning program for police officers to increase their understanding of persons with mental illness.

Early Childhood Initiative

This initiative provides mental health consultation to early childhood care centers. The goal of the project is to address stigma related to mental illness and address early childhood behavior problems.

FAST - Families and Schools Together

The primary goals of the program is to help participant learn to manage anger, problem solve, make appropriate decisions, develop social skills, build self-esteem and improve family relationships. The project ensures that assessment, early intervention, and linkage with mental health care happens when appropriate and in a timely manner.

Help Me Grow

In partnership with other stakeholders, programming will be initiated to assure that the mental health needs of children 0-5 are met.

Housing

The Board continues to operate one of the most successful best practice housing

programs in the State. This program provides access to safe, decent, affordable housing to support consumers' recovery efforts. The Board contracts with Neighborhood Properties, Inc. to continually increase new housing opportunities and choice. NPI currently manages 596 apartment units in Lucas County, with at least 65% of those units dedicated to housing of individuals with SPMI. These numbers include units that are designed to house special groupings within the homeless population such as:

- Families with SPMI;
- Veterans with SPMI;
- Single young mothers and their infants;
- Young offenders with SPMI;
- Single persons with substance abuse issues participating in recovery; and
- Persons with SPMI in need of support services in a transitional housing setting.

NPI also manages 103 group home beds for persons who need a more supportive environment than independent living would afford. Continuous efforts are made to assess residents in gaining the skills necessary to move to independent living in the community.

Medication

As mentioned earlier, investigating the feasibility of a joint venture between the Neighborhood Health Facilities (Federal Funding Poverty program) and the Board system to secure medications at a lower cost for non-Medicaid eligibles.

7.3.2 QUALITY: Goal – Improve clinical quality and system performance.

7.3.2.1 Consumer Outcomes: **How is the implementation of the Ohio Mental Health Consumer Outcomes System measurement proceeding in the Board's system of care?**

Piloting Outcomes Initiative

The implementation of the Ohio Outcomes Initiative is in the pilot stage. Unison Behavioral Health Group's, adult partial hospitalization program is the site of the project. The agency staff verbalize that, at this point, the new information gained from the data has not added significant value to how services are perceived by consumers or how services are delivered. Unison staff report that the collection process is time consuming, labor intensive and that the questionnaire is entirely too long. As a result, they are struggling to identify the benefits of the initiative in their clinical practice.

Further, Boards will only be provided aggregate outcomes reports. This will not provide the Board with necessary information to focus on CQI needs at a provider specific level. What this means is that Boards will have to use the data in a generalist manner without the ability to directly

improve the quality of care for consumers at a specific agency.

The environment is mandating that Boards are more focused and efficient in how it uses its fiscal and human resources. It is difficult to envision how this effort supports either the client or Boards.

If other outcomes systems are being used, how is the implementation proceeding?

Other than questions asked on the annual Consumer Satisfaction Survey, no other outcome initiatives are being sponsored by the Board.

How is the Board using consumer outcomes data?

Not applicable at this time

What are the Board's future plans for the use of outcomes data?

The Board will evaluate and use as appropriate any data that results from the survey to improve the quality of care for consumers in systems and service planning.

7.3.2.2 Evidence-Based Practices: What evidence-based practices has the Board implemented in its system of care? What process does the Board use to select evidence-based practices?

While the question only addresses "Evidenced-Based Practices," it is also important to recognize those projects that are considered to be "Best Practices" in the field. The Lucas County System is fortunate to have nine projects operating in the County that are considered either evidenced based or best practice programs. They are:

- PACT (Program of Assertive Community Treatment (2)
- New Hampshire-Dartmouth Model of Dual Recovery
- CIT (Crisis Intervention Training)
- Center for Excellence for Illness Recovery and Medication Management (Implemented by Medical College of Ohio and Zepf Center)
- COMPEER
- Consumer Run and Operated Service
- Housing/Employment and Recovery
- Diversion Programs: Forensic Services
- Psycho-Social Rehabilitation (Club House Model)

The selection process of evidence based/best practice projects involves an inclusive model. There are two (2) long-standing work groups, the Adult Task Force and Youth Task Force that are Board staffed and comprise key

stakeholders and community providers. The various practice /programs are discussed in the work group setting, then referred to a sub-committee of the Board, Programs and Services Committee, for further consideration. Final evaluation and recommendation occurs at the Board of Trustee level. Where appropriate, Board staff provide administrative oversight of the agency implementing the project.

7.3.2.3 Quality Improvement: In anticipation of new requirements around quality improvement, what steps is the Board taking to successfully transition its local system from a Quality Assurance to a Quality Improvement approach in improving clinical quality and system performance?

The Board began the transition from Quality Assurance to Quality Improvement in 2001.

- Filled a position of Quality Improvement Director
- Established Board level committee to provide oversight of Continuous Quality Improvement activities
- Developed extensive reports that provides data for strategic planning
- Sponsored training on continuous quality improvement for the Board and staff and community mental health workers.
- Revised Board policy and procedures with reference to CQI
- Formation of a Clinical Leaders Group
- Implementation FY 2004 of a Consumer Recovery Council

Is the transition different for adults with SMD and children and youth with SED? (Quality Assurance concentrates on identifying poor providers rather than defective processes, with providers looking to themselves to determine what should be improved rather than to their customers.)

- No

7.3.3 RECOVERY/RESILIENCY: Goal – Increase the provision of emerging best practices for children, youth and adults that maximize the quality of life of those living with SED/SMD.

[Note: This biennium, Employment and School Success (individual priorities of the last MSPA), have been subsumed within Recovery and Resiliency.]

7.3.3.1 How is the Board supporting Recovery for adults with SMD and Resiliency for children and youth with SED? Include in the response any particular local system efforts regarding consumer employment and school success.

Recovery in Adults

Consumer Employment

- Consumers are employed at all CMHC's and the Board
- Major funder for the consumer run and operated service, Consumers Union
- Neighborhood Properties Services (NPS) is the employment component of Neighborhood Properties Inc. NPS employs consumers who provide landscaping, snow removal, and maintenance services for Board/State funded properties and markets its services to the public market place.
- Peer Advocates are hired in grant based programs, i.e., forensic services and Advocates for Basic Legal Equality (ABLE)
- In collaboration with NETWORK will facilitate a regional consumer employment training

Resiliency in Children and Youth

School Mental Health Services provides on site assessment and linkage activities in 12 elementary schools

Support for Educators Pamphlet is an instruction manual distributed to local school principals, counselors and teachers on ways to appropriately manage SED youth in the classroom. The guide outlines the process for accessing crisis and routine care.

Support for Parents Pamphlet is geared toward helping parents recognize when professional help is warranted and the most appropriate way to access it.

FAST- Families and Schools Together

This program is a collaboration between the Board, provider system and the Toledo Public Schools - Safe Schools/Healthy Students (SS/HS) grant that provides comprehensive mental health services for elementary school youth. The project includes screening, assessment, early intervention and prevention, parent education, case management, and linkage to treatment services when appropriate. FAST is designed to decrease risk factors associated with school failure, juvenile delinquency and substance abuse in adolescents.

The Lucas County Educational Service Center - Alternative Learning and Career Center (ALCC)

This project provides seamless mental health services as students transition from the ALCC back to their home schools. Monitoring and follow up activities are conducted at the school and in the home to ensure that the student is successful in the transition and is able to be maintained in the home school.

Training Enhancing the quality of the youth's educational experience by reducing stigma and other generalizations that are attributed to the youth with mental illness is an important principle of resiliency. In order to facilitate optimal learning environments for the SED youth, Board staff have conducted seminars for teachers, counselors and principals in all Toledo Learning Centers (districts) in the best practice methods to manage SED youth in the classroom.

Additionally, the Board and other stakeholders conducted two workshops for Northwest Ohio SERREC

- 7.3.4 JUVENILE AND CRIMINAL JUSTICE: Goal – Reduce criminalization of persons with mental illness while promoting public safety via improved forensic services and monitoring.

The Office of Forensic Services provided funds for Boards in SFY 2002 - 2003 for local system forensic planning. Please describe the outcomes of those planning efforts for persons with SMD/SED by answering the questions below:

- 7.3.4.1 Every Board or Board area should have an oversight or task force committee that meets regularly to collaboratively plan for local mental health, juvenile and criminal justice issues. This committee should include representatives from all the relevant systems. Please list the membership of your committee and tell how often you meet.

Adult Forensic Task Force

The Task Force meets Quarterly. See attached membership list.

Youth Task Force

The Task Force meets Quarterly. See attached membership list.

- 7.3.4.2 What successes/collaborative efforts have arisen out of this task force in your local area

Adult

- Recommended and followed implementation of the Crisis Intervention Team - Collaboration with the Toledo Police Department
- Recommended and followed implementation of the Municipal Court project
- Recommended and followed the implementation of a PACT model mental health services for specialized court docket in Common Pleas Court

- Developing a prior notification process between the local penal institutions and CMHC's that would facilitate treatment access upon release

Youth

- Created Youth of Color sub-committee to study arrest, adjudication and recidivism of youth of color in the juvenile justice system
- Recommended and followed implementation of mental health services in the Juvenile Detention Center

7.3.4.3 What are the greatest juvenile/criminal justice problem areas in the Board's local system?

- Termination of Medicaid benefits when youth is detained in juvenile detention/jail
- Lack of resources for the non-Medicaid eligible youth
- Availability of psychiatric care: evaluation and on-going treatment while youth is incarcerated
- Access to specialized services for atypical mental health treatment such as sex offender treatment
- Alleged disparity in how youth of color are managed in the juvenile justice system

7.3.4.4 What plans have been made to manage the identified problem areas?

Management of Adult Problem Area By

- providing on site mental health programming in the local jail, Municipal and Common Pleas Courts.
- improved relationships with the justice system
- problem identification and collaborative problem solving
 - planning underway to develop a method for prior notification to local provider when a detainee with mental illness is released to ensure timely linkage/re-linkage with the mental health system.
- improved data collection for program planning
- if the opportunity presents itself, the system will provide psychiatric services at the jail
- issues of Medicaid eligibility are public policy matters and outside of the Board's ability to respond to
- ensuring that, within the fiscal and human resource constraints of the Board, non- Medicaid eligible persons will be treated.

Management of Youth Problem Areas By

- issuing a Request for Proposal for a 1-year pilot program to address recidivism among male youth of color involved in both the mental health and juvenile justice systems.

- within the fiscal and human resource constraints of the Board, non-Medicaid eligible persons will be treated.
- Issues of Medicaid eligibility are public policy matters and outside of the Board's ability to respond to.
- providing a non-threatening environment where members can seek out solutions to difficult problems on a case specific basis and/or address public policy issues.
- In collaboration with the Juvenile Court and the Toledo Children's Hospital participated in the development of a grant for funding of a violence prevention program for youth.

7.3.4.5 Who is your forensic monitor? Give name, address and telephone number.

Ms. Jane Joseph
Adult Probation Department
1100 Jefferson, 2nd Floor
Toledo, OH 43624
419-213-6128

7.3.4.6 Who is your contact for the prison Community Linkage Program? Give name, address and telephone number.

Ms. Jan Eppard
Rescue Mental Health Services
3350 Collingwood Blvd.
Toledo, Ohio 43610
(419) 255-9585

7.3.5 CONSUMER PROTECTION: Goal –Assure adequate protections to persons with mental illness within the Board area.

7.3.5.1 What are the local system barriers to receiving treatment for the person living with SMD/SED?

System Barriers

- Adequate work force to meet consumer needs, especially psychiatrists trained in child and adolescent care
- High level of turnover in Community Support Workers
- Inability of provider organizations to compete with higher pay structures, lower case loads and lower level of general responsibilities of workers in comparable systems
- Lack of career opportunities and/or upward mobility
- Conflicting legislative mandates and/or operating practices between systems serving the same client, i.e. MR., CSB, AOD.
- Inadequate funding levels to provide evidenced based/best practice programming

7.3.5.2 How is the Board monitoring and dealing with these barriers?

Board Response to Barriers

- Meetings, meetings, and more meeting to discuss the limited number of ways that the same 90's dollar can be used independently or in collaboration with other stakeholders to provide the same level of service to more people
- Participation in activities at local and state levels to influence legislative changes in funding and regulatory requirements for the delivery of mental health services.

7.3.5.3 Please provide the name, address and phone number of the Board's Client Rights Officer (CRO).

Ms. Ellen Jones
701 Adams, Suite 800
Toledo, Ohio 43624
419-213-4600

7.3.5.4 The ADAMH/CMH Board's Client Rights and Grievances Annual Summary for the biennium SFY 2004 - 2005 has a specified format. Please review Appendix 5 for the details of the format. The first due date for submitting the Annual Summary using this format will be September 2004 for period of SFY 2004.

7.3.6 EMERGING PUBLIC POLICY/SERVICE ISSUES: Goal – Identify the unintended consequences, especially as they relate to consumer and/or societal risk, of current public policy/services and actions needed to mitigate that risk.

- Management of the "At Risk for Violence" Consumer in the Community
Mentally ill consumers do not commit violent acts disproportionate to the general public. With that disclaimer, it must also be said that the community mental health system is reporting that the number of consumers in the community who voice and/or demonstrate violence is growing. These are consumers who are not categorized as forensic, are not in the community on conditional release status, who are increasingly resistant to traditional service approaches, and who do not meet criteria for immediacy for admission to a hospital.
- Fragmented System of Care for Children and Adolescents
The system of care for youth has been and continues to be underfunded, focused on those with the most severe disorders, and the system's design and infrastructures do not support, to a large extent, the intervention, prevention and service needs of all children experiencing

mental health/illness problems, including appropriate levels of care.

- Management and Responsibility Between Comparable Systems for Persons with Co-Occurring Disorders

Unintended consequences

- use of Probate Court to force hospitalization
- increased cost to the community system for hospitalization
- increased number of children entering the adult system who might not otherwise, if more treatment options were available and timely
- increased cost to the community of care due to appropriate levels of care being provided when needed
- lack of integrated and coordinated client care
- over utilization of emergency beds and use of public hospital beds for persons with secondary diagnosis of mental illness
- strained relationships with other stakeholders
- a furthering narrowing of who is a public mental health client

7.3.6.1 Looking 2 to 3 years into the future, where will these unintended consequences take the public mental health system if not addressed?

The unintended consequences are only symptomatic of the larger issues that the public mental health system is underfunded. Whether these or other consequences occur will be dependent upon legislative intervention around funding and the ability of systems to implement utilization review and utilization management processes. Until then, systems will continue to find ways to re-frame, re-structure re-whatever how services are managed and delivered to reach the maximum number of citizens possible who are in need mental health services. However, there are only so many ways to accomplish this and some systems have already reached their breaking point. Simply put, the public system is in jeopardy.

During the next 2 to 3 years, what actions should be taken in public mental health to ameliorate the unintended consequences listed above?

- Continue legislative lobbying for funding
- Continue to work with ODJFS around regulatory requirements that adversely affect service delivery
- Increase public awareness of the situation by the Department and advocacy groups

SECTION EIGHT: Miscellaneous

8.1 Attachments

- 8.1.1 All attachments to this first phase of the MSPA are incorporated as a part of this FY 2004 – 2005 MSPA.


8.2 Warranty

- 8.2.1 The signatures of the ADAMH/CMH Board Executive Director and Chairperson validate that appropriate ADAMH/CMH Board action has been taken to approve the format and content of this first phase of the MSPA.
- 8.2.2 The signature of the Director of the ODMH validates that appropriate approval has been given to the formation and acceptance of this first phase of the MSPA.

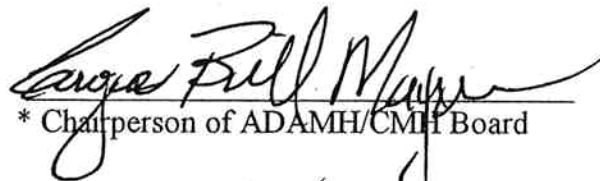
SECTION NINE: Signatures

9.1 These affixed signatures indicate the complete and successful submission of information that, together, constitutes an approved Community Plan.

ADAMH/CMH Board: Lucas County Mental Health Board


Executive Director of ADAMH/CMH Board

3-24-03
Date of Signature


* Chairperson of ADAMH/CMH Board

3/24/03
Date of Signature

** Michael F. Hogan, Ph.D., Director,
Ohio Department of Mental Health

Date of Signature

NOTES:

- * Please provide a copy of the ADAMH/CMH Board motion approving submission of this MSPA to the ODMH.
- ** Upon submission, please provide the signatures of the ADAMH/CMH Board Executive Director and Chair. After ODMH review and any further clarification requested, the Director of ODMH shall affix his signature.
- *** Please mail hard copy of signatures to your Area Director at ODMH

SECTION TEN: Appendices

- 10.1 Definitions
- 10.2 Block Grant Assurances- Certifications
- 10.3 Block Grant Assurances- Non-Construction Programs
- 10.4 Board Data Appointment Sheet
- 10.5 Client Rights and Grievance Annual Report

Appendix 1: Definitions

ADAMH: Alcohol, Drug and Mental Health

Behavioral Health Data: Demographic and other types of data formerly collected in ODMH's computer system previous to MACSIS, the Mental Health Information System (MHIS), e.g., living arrangement, employment, drug abuse history, etc.

BHO: Behavioral Health Organization (formerly known as state psychiatric hospitals)

CMH: Community Mental Health.

Consumer: Person who is receiving or has received public mental health services and/or supports.

Community Linkage Contact: A person, agency or entity designated by the ADAMH/CMH Board to be contacted for community linkage appointments for offenders leaving state prisons.

CRO: Client Rights Officer

CSN: Community Services Network

Cultural Competence: a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables this system, agency, or those professionals to work effectively in cross-cultural situations.

DMH-FIS-040a: the financial planning form, *Report of Planned Receipts, Expenditures and Service Units - ADAMH/CMH Boards*

Employment: is any activity conducted in a competitive, community work setting for which an individual is paid at least minimum wage. No minimum hours per week or month are included in the definition, and the target population is adults, ages 18 and older, with serious and persistent mental illness.

EPMC: Executive Policy Management Committee. Formerly known as the MSPA/QI Committee

Evidence-Based Practices: those treatments, supports and approaches that are shown with some degree of rigor to maximize positive outcomes for adults living with a mental illness and children and youth living with emotional disturbances.

Forensic Monitor: A person, agency or entity designated by the ADAMH/CMH Board to monitor Not Guilty by Reason of Insanity acquittees and Incompetent to Stand Trial-Unrestorable-Criminal court Jurisdiction (IST-U-CJ) defendants on Conditional Release Commitment in the community.

Family: persons identified by the consumer as either family members or significant others

HAP: Housing Assistance Program- short-term rental subsidy assistance and/or loans for start-up costs. Used with housing that includes a standard tenant landlord lease and no requirements for

clinical treatment required as part of the assistance.

HOPE: Housing Outcomes Performance Evaluation funded through 508H/Block Grant and monitored through the Housing Outcomes process. This allows Boards to plan, in the most flexible manner with a focus on outcome accountability, to meet the array of housing needs that exist in that community. Funding for HOPE includes HAP and SHOP programs.

IBHS: Integrated Behavioral Health System, those consumer service elements of the public mental health system that are operated directly by the ODMH including, but not limited to CSNs and BHOs.

MACSIS: ODMH's current computer system: Multi Agency Community Services Information System.

MSPA: Mutual Systems Performance Agreement. Part of the community plan as defined by the Ohio Revised Code Sections 340.03 and 5119.61.

OAC: Ohio Administrative Code

OACBHA: Ohio Association of Community Behavioral Healthcare Authorities

ODJFS: Ohio Department of Job and Family Services.

ODMH: Ohio Department of Mental Health.

ORC: Ohio Revised Code.

Outcome: The result of the performance (or nonperformance) of a function or process.

Outcome Measure: A measure that indicates the result of the performance (or non-performance) of a function or process.

Providing Culturally Competent Services: the manner of providing services in which customers perceive services to the problems as helpful to achieving their desired outcomes.

Quality Assurance: The efforts to determine the quality of care, to develop and maintain programs at an acceptable level, and to institute improvements when the opportunity arises or the care does not meet the desired standard of care.

Quality Improvement: An approach to the continuous study and improvement of the processes of providing health care services to meet the needs of individuals and others. Synonyms include continuous quality improvement, continuous improvement, organization-wide performance improvement, and total quality management.

Quality of Care: The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Dimensions of performance include the following: patient perspective issues; safety of care

environment; and accessibility, appropriateness, continuity, effectiveness, efficacy, efficiency, and timeliness of care.

Recovery: the personal process of restoring a meaningful life despite serious mental illness

Resiliency: is the goal of children and families achieving the capability to cope successfully in the face of significant adversity or risk

Safety Net Survey: A survey sent to all of Ohio's 50 ADAMH/CMH Boards that was designed to collect information on service demand, access, quality, financial and intersystem issues that currently threaten the viability of the mental health safety net in Ohio.

SED: Severely Emotionally Disturbed. A designation for those individuals under 18 years of age who have serious emotional disturbances and are at the greatest risk for needing services.

SFY: State Fiscal Year: Begins July 1st of one calendar year and ends June 30th of the succeeding calendar year, i.e., SFY 2004 ends June 30, 2004.

SHOP: Supportive Housing Option for Prosperity- Funds used to meet housing and residential needs other than rental assistance, e.g., supportive housing staff and lease technicians, etc.

SMD: Severely Mentally Disabled. A designation for those adults with severe and persistent mental illnesses who are at the greatest risk for needing services.

UCI: Unique Client Identifier used in MACSIS.

Utilization Review: "In contracting with a community mental health agency, a board shall consider the cost effectiveness of services provided by that agency and the quality and continuity of care, and may review cost elements, including salary costs, of the services to be provided. A utilization review process shall be established as part of the contract for services entered into between a board and a community mental health agency. The board may establish this process in a way that is most effective and efficient in meeting local needs." [O.R.C. § 340.03(A)(8)(a)]

CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to be best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about—
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a) above, that, as a condition of employment under the grant, the employee will—
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was

working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted—
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designed the following central point for receipt of such notices:

Division of Grants Policy and Oversight
Office of Management and Acquisition
Department of Health and Human Services
Room 517-D
200 Independence Avenue, SW
Washington, DC 20201

3. Certification Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence," agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his/her knowledge and belief, that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of

Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties.

The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Services

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation

and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offeror/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

By 
(Signature of Official Authorized to Sign Application)

Date 3/24/03

For _____
(Name of Grantee)

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal, gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29.U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L.92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970- (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et. Seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§ 7401 et. Seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et. Seq.) Related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et. seq.).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§ 2131 et. seq.) Pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4831 (b) et. seq.) Which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE EXECUTIVE DIRECTOR
APPLICANT ORGANIZATION LUCAS COUNTY MENTAL HEALTH BOARD	DATE SUBMITTED MARCH 21, 2003

List all members – use additional pages as needed. This form can be printed and completed, or wordprocessed for electronic transfer via e-mail. If wordprocessed, replace the appropriate checkbox with an "X."

Board Name Lucas County Mental Health Board		Date Prepared 3/3/03	
Board Member Ronald Rothenbuhler		<u>Appointment</u> X ODMH <input type="checkbox"/> DADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson	<u>Sex</u> X Male <input type="checkbox"/> Female
Mailing Address (street, city, state, zip) c/o Carpenter's Union 9278 East Arena Drive Rossford, OH 43460		<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-893-2317	County of Residence Lucas	<u>Representation: "X" Only One</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Business Representative		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term X First Full Term <input type="checkbox"/> Second Full Term		Year Term Expires 2002	
Board Name Lucas County Mental Health Board		Date Prepared 3/3/03	
Board Member Bill Mangrum		<u>Appointment</u> <input type="checkbox"/> ODMH <input type="checkbox"/> DADAS X County X Chairperson	<u>Sex</u> X Male <input type="checkbox"/> Female
Mailing Address (street, city, state, zip) Frederick Douglass Assoc. 1001 Indiana Avenue Toledo, OH 43607		<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-244-6722	County of Residence Lucas	<u>Representation: "X" Only One</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Executive Director – Community Center		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term <input type="checkbox"/> First Full Term X Second Full Term		Year Term Expires 2003	
Board Name Lucas County Mental Health Board		Date Prepared 3/3/03	
Board Member William Decatur		<u>Appointment</u> <input type="checkbox"/> ODMH <input type="checkbox"/> DADAS X County <input type="checkbox"/> Chairperson	<u>Sex</u> X Male <input type="checkbox"/> Female
Mailing Address (street, city, state, zip) University of Toledo 2801 W. Bancroft Street Toledo, OH 43606		<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-530-5508	County of Residence Lucas	<u>Representation: "X" Only One</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Vice President for Finance and Administration		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term X First Full Term <input type="checkbox"/> Second Full Term		Year Term Expires 2006	
Board Name Lucas County Mental Health Board		Date Prepared 3/3/03	
Board Member Robert Arquette		<u>Appointment</u> X ODMH <input type="checkbox"/> DADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson	<u>Sex</u> X Male <input type="checkbox"/> Female
Mailing Address (street, city, state, zip) 3230 Upton Avenue, Apt. #2 Toledo, OH 43613		<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-841-7200 or 419-708-9986	County of Residence Lucas	<u>Representation: "X" Only One</u> <u>Mental Health</u> X Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Mental Health Activist		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term <input type="checkbox"/> First Full Term X Second Full Term		Year Term Expires 2003	

List all members – use additional pages as needed. This form can be printed and completed, or wordprocessed for electronic transfer via e-mail. If wordprocessed, replace the appropriate checkbox with an "X."

Board Name Lucas County Mental Health Board		Date Prepared 3/3/03	
Board Member Michael Dansack, Jr.		<u>Appointment</u> <input type="checkbox"/> ODMH <input type="checkbox"/> DADAS X County <input type="checkbox"/> Chairperson	<u>Sex</u> X Male <input type="checkbox"/> Female
Mailing Address (street, city, state, zip) Gallon & Takas Co., LPA 3516 Granite Circle Toledo, OH 43617		<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-843-2001	County of Residence Lucas	<u>Representation: "X" Only One</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Attorney		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term X First <input type="checkbox"/> Second Full Term Full Term		Year Term Expires 2005	
Board Name Lucas County Mental Health Board		Date Prepared 3/3/03	
Board Member David Schlaudecker		<u>Appointment</u> <input type="checkbox"/> ODMH <input type="checkbox"/> DADAS X County <input type="checkbox"/> Chairperson	<u>Sex</u> X Male <input type="checkbox"/> Female
Mailing Address (street, city, state, zip) Leadership Toledo 316 Adams Street Toledo, OH 43604		<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-241-7371 Ext. 27	County of Residence Lucas	<u>Representation: "X" Only One</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Director of Youth Programs		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term X First <input type="checkbox"/> Second Full Term Full Term		Year Term Expires 2006	
Board Name Lucas County Mental Health Board		Date Prepared 3/3/03	
Board Member Nancy Atkins		<u>Appointment</u> <input type="checkbox"/> ODMH <input type="checkbox"/> DADAS X County <input type="checkbox"/> Chairperson	<u>Sex</u> <input type="checkbox"/> Male X Female
Mailing Address (street, city, state, zip) 5505 Bentwood Drive Toledo, OH 43615		<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-866-4864	County of Residence Lucas	<u>Representation: "X" Only One</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Retired		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term X First <input type="checkbox"/> Second Full Term Full Term		Year Term Expires 2005	
Board Name Lucas County Mental Health Board		Date Prepared 3/3/03	
Board Member Andrea Mendoza Loch		<u>Appointment</u> X ODMH <input type="checkbox"/> DADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson	<u>Sex</u> <input type="checkbox"/> Male X Female
Mailing Address (street, city, state, zip) 4216 Marlane Drive Toledo, OH 43606		<u>Ethnic Group</u> <input type="checkbox"/> African-American X Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-475-7570	County of Residence Lucas	<u>Representation: "X" Only One</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member X MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Social Worker/Counselor		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term <input type="checkbox"/> First X Second Full Term Full Term		Year Term Expires 2004	

List all members – use additional pages as needed. This form can be printed and completed, or wordprocessed for electronic transfer via e-mail. If wordprocessed, replace the appropriate checkbox with an "X."

Board Name Lucas County Mental Health Board			Date Prepared 3/3/03		
Board Member James Matthews			<u>Appointment</u> X ODMH <input type="checkbox"/> DADAS <input type="checkbox"/> County		<u>Sex</u> X Male <input type="checkbox"/> Female
Mailing Address (street, city, state, zip) 525 N. Erie Toledo, OH 43624			<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____		
Telephone (include area code) 419-245-3203		County of Residence Lucas		<u>Representation: "X" Only One</u>	
Occupation Police Captain			<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term <input type="checkbox"/> First Full Term X Second Full Term		Year Term Expires 2004			
Board Name Lucas County Mental Health Board			Date Prepared 3/3/03		
Board Member John Newton, MD			<u>Appointment</u> <input type="checkbox"/> ODMH <input type="checkbox"/> DADAS X County		<u>Sex</u> X Male <input type="checkbox"/> Female
Mailing Address (street, city, state, zip) 7020 Erie Street Sylvania, OH 43560			<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____		
Telephone (include area code) 419-882-5204		County of Residence Lucas		<u>Representation: "X" Only One</u>	
Occupation Physician			<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist X Physician		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term <input type="checkbox"/> First Full Term X Second Full Term		Year Term Expires 2006			
Board Name Lucas County Mental Health Board			Date Prepared 3/3/03		
Board Member Jay R. Stewart, Ph.D., PCC, CRC, CCDC III-E			<u>Appointment</u> X ODMH <input type="checkbox"/> DADAS <input type="checkbox"/> County		<u>Sex</u> X Male <input type="checkbox"/> Female
Mailing Address (street, city, state, zip) 541 Independence Waterville, OH 43566			<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____		
Telephone (include area code) 419-372-7293		County of Residence Lucas		<u>Representation: "X" Only One</u>	
Occupation Professor			<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member X MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term <input type="checkbox"/> First Full Term X Second Full Term		Year Term Expires 2006			
Board Name Lucas County Mental Health Board			Date Prepared 3/3/03		
Board Member Milford Romanoff			<u>Appointment</u> <input type="checkbox"/> ODMH <input type="checkbox"/> DADAS X County		<u>Sex</u> X Male <input type="checkbox"/> Female
Mailing Address (street, city, state, zip) 2514 Bexford Drive Toledo, OH 43606			<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____		
Telephone (include area code) 419-536-5090		County of Residence Lucas		<u>Representation: "X" Only One</u>	
Occupation Retired			<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician		<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
"X" One <input type="checkbox"/> Partial Term X First Full Term <input type="checkbox"/> Second Full Term		Year Term Expires 2005			

List all members – use additional pages as needed. This form can be printed and completed, or wordprocessed for electronic transfer via e-mail. If wordprocessed, replace the appropriate checkbox with an "X."

Board Name Lucas County Mental Health Board				Date Prepared 3/3/03	
Board Member Pantos Doukides		<u>Appointment</u> <input type="checkbox"/> ODMH <input type="checkbox"/> DADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson		<u>Sex</u> X Male <input type="checkbox"/> Female	
Mailing Address (street, city, state, zip) 4027 North Holland Sylvania Toledo, OH 43623				<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-824-9993		County of Residence Lucas		<u>Representation: "X" Only One</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input checked="" type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Physician				<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term X First Full Term <input type="checkbox"/> Second Full Term		Year Term Expires 2003			

Board Name Lucas County Mental Health Board				Date Prepared 3/3/03	
Board Member Jacqueline Boney		<u>Appointment</u> <input type="checkbox"/> ODMH <input type="checkbox"/> DADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson		<u>Sex</u> <input type="checkbox"/> Male X Female	
Mailing Address (street, city, state, zip) Cooper Walinski 900 Adams Street Toledo, OH 43624				<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-241-1200		County of Residence Lucas		<u>Representation: "X" Only One</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Attorney				<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term X First Full Term <input type="checkbox"/> Second Full Term		Year Term Expires 2005			

Board Name Lucas County Mental Health Board				Date Prepared 3/3/03	
Board Member Linnie Willis		<u>Appointment</u> <input type="checkbox"/> ODMH <input type="checkbox"/> DADAS <input checked="" type="checkbox"/> County <input type="checkbox"/> Chairperson		<u>Sex</u> <input type="checkbox"/> Male X Female	
Mailing Address (street, city, state, zip) Lucas Metropolitan Housing Authority P.O. Box 477 435 Nebraska Avenue Toledo, OH 43697				<u>Ethnic Group</u> X African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-259-9400		County of Residence Lucas		<u>Representation: "X" Only One</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Deputy Director				<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term X First Full Term <input type="checkbox"/> Second Full Term		Year Term Expires 2004			

Board Name Lucas County Mental Health Board				Date Prepared 3/3/03	
Board Member Marjorie Zalewski		<u>Appointment</u> X ODMH <input type="checkbox"/> DADAS <input type="checkbox"/> County <input type="checkbox"/> Chairperson		<u>Sex</u> <input type="checkbox"/> Male X Female	
Mailing Address (street, city, state, zip) 5230 Grosse Pointe Toledo, OH 43611				<u>Ethnic Group</u> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Telephone (include area code) 419-729-5054		County of Residence Lucas		<u>Representation: "X" Only One</u> <u>Mental Health</u> <input type="checkbox"/> Consumer X Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Physician	
Occupation Retired				<u>Alcohol/Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
"X" One <input type="checkbox"/> Partial Term X First Full Term <input type="checkbox"/> Second Full Term		Year Term Expires 2006			

Client Rights and Grievance Annual Summary

The ADAMH/CMH Board's Client Rights and Grievances Annual Summary for the biennium SFY 2004 - 2005 has a specified format. The first due date for submitting the Annual Summary using this format will be September 2004 for the period of SFY 2004. [O.A.C Sections 5122:2-2-1-02 (G) (H) & (I)]

Using SFY 2004 data for consumers' grievances, complete the attached matrix:

Types of Grievances by Client Rights Categories (See below for which of the 22 Rights fall into which category)	Number of grievances received.		Resolution status of grievance, i.e., number of grievances resolved to the satisfaction of the consumer.		Number of grievances resolved within 20 working days from the date of filing.	
	Agencies	Board	Agencies	Board	Agencies	Board
Right to Dignity and Respect						
Right to Informed Choice and Treatment						
Right to Freedom						
Right to Personal Liberties						
Right to Freely Exercise All Rights						

Client Rights Categories

There are 22 rights outlined in Ohio Revised Code and Ohio Administrative Code that apply to consumers receiving public community mental health services. These mental health rights fall into the **following major categories:**

The Right to Dignity and Respect

- Dignity, Respect, Autonomy, and Privacy – Right #1
- Service in a Humane Setting with the Greatest Possible Freedom – Right #2

The Right to Informed Choice and Treatment

- Information of Current/Suggested Services – Right #3
- Accept or Reject Any Service – Right #4

The Right to Informed Choice and Treatment (continued)

- Current, Written, Individualized Service Plan – Right #5
- Active and Informed Participation – Right #6

- Participation in Any Service Even if Other Services are Refused – Right #9
- Advance Notice if Any Services Are to be Discontinued – Right #15
- Clear Explanation of Denial of Any Service – Right #16

The Right to Freedom

- Unnecessary Medication – Right #7
- Unnecessary Restraint and Seclusion – Right #8
- Unusual or Dangerous Treatment – Right #10
- Intrusion of One-Way Mirrors, Photographs, Tape Recorders (audio or visual) and Movies - Right #11

The Right to Personal Liberties

- Consultation – Right #12
- Confidentiality – Right #13
- Read and Get Copies of Psychiatric, Medical or Other Treatment Records – Right #14
- Non-Discrimination – Right #17
- Know the Cost of Services – Right #18

The Right To Freely Exercise All Rights

- Fully Informed of All Rights – Right #19
 - Exercise Any and All Rights Without Being Threatened or Punished – Right #20
 - File a Grievance – Right #21
 - Have Oral and Written Instructions for Filing a Grievance – Right #22
-

YOUTH MENTAL HEALTH TASK FORCE

NAME/AGENCY
Donna Mitchell, Chief Magistrate Lucas County Juvenile Court
Deborah Hodges, Administrator Fred Porter Juvenile Probation
Roberta Folmar, Cluster Coordinator David Kontur Child & Family First Council
Alvin B. Stephens II, Director Health, Physical Education & Driver Education Toledo Public Schools
Jeff Deckebach Janis McMunn Connecting Point
Nancy Yunker Lucy Wayton Lutheran Social Services
Barb Parks, Director Family Services of NWO
Dr. Mike Carey Medical College of Ohio/Kobacker
Dan Pompa, Administrator Lucas County Juvenile Court
Kathleen F. Baird, Ph.D. Lucas County Juvenile Court
Donna Graves, Psychologist Ph.D. Department of Youth Services
Jay Salvage, Executive Director Virginia Bass - alternate Lucas County ADAS Board
Karen Slater, Social Worker Lucas County Schools-From Alternate Learning Center
Marci Dvorak, Executive Director Ann Muder, Program Coordinator Alliance for the Mentally Ill (AMI)
Jan Eppard, Clinical Director, Rescue Carole Hood, Rescue

Steve Benjamin, Vice President Clinical Services Harbor Behavioral Health Services
Marilyn Parker, Director, Chief Counsel Children Services Board
Theresa McCarthy-Acocks, Administrator Youth Treatment Center
Jacqueline Martin, Executive Director Karen Olnhausen, Director of Child/Adol. & Transitional Srv.
Susan Santoro, Springfield Local Schools
Bill Geha, Intervention & Prevention Services Coordinator, Sylvania School
Mary Sheffler, Department of Special Services Oregon City Schools
Cherie Mourlam, Special Ed. Coordinator Washington Local Schools
Susan Zake, Director, SERRC, NW Ohio Spec. Ed. Regional Resource Center
Sandra Frisch, Assistant Superintendent Lucas County Board Of Education
Courtney Weiss, Vice President Short Term Care Ann Oliver-Niner, Child & Family Services Manager
Shelley Howard, Mental Health Cluster Coordinator New Connecting Point
Kathy Kujda, Case Management Coordinator Lucas County Board of MR/DD
Wes Bullock, Ph.D. University of Toledo, Dept. of Psychology
Dr. Greg Garske Bowling Green State University
Dr. Carol Fornof Maumee City Schools
Deacon Dzierzawski, Executive Director Lucas County Community Prevention Partnership
Kevin Coburn House of Emmanuel
Richard Sevigny, Catholic Charities
Elaine Chapman, Director Special Ed Sylvania Schools
Toni Knecht, Regional Consultant SERRC

FORENSIC - MENTAL HEALTH TASK FORCE - ADULT

NAME/AGENCY
Jesus Salas, Attorney Advocates for Basic Legal Equality (ABLE)
Jane Joseph, Forensic Monitor Lucas County Adult Probation
Sean McConnell, Treatment Services Unit Manager Lucas County Correctional Treatment Facility
Marci Dvorak, Executive Director Alliance for the Mentally Ill (AMI)
Michael Pacholski, Board Trustee, Consumers Union
Lillian P. Harris, ABLE lharris@ablelaw.org
Dalia Puskorius, Executive Director Court Diagnostic & Treatment Center
Pam Roberts, Municipal Court Administrator Judge Amy Berling, Municipal Court Floyd Simon, Chief Probation Officer, Municipal Court
Judge Frederick McDonald, Common Pleas Jean Atkin, Court Administrator, Common Pleas
Steve Benjamin, VP Quality Improvement Joan van der Bijl Harbor Behavioral Healthcare
Lois Ventura, University of Toledo
Dr. Doug Smith, Forensic Psychiatrist Northcoast Behavioral Health Care System - Toledo Campus
Beth Downey, Legal Administrator Northcoast Behavioral Health Care System - Toledo Campus

Jan Eppard, Clinical Director Rescue Mental Health Services
Larry Hamme, Clinical Director, Unison Melody Carle, Director of Care Management/Nursing, Unison Theresa Butler, Manager of ITT, Unison
Vicki Congrove, Case Management Supervisor Zepf Community Mental Health Center, Inc.
Scott Sylak, Executive Director Lucas County TASC (Treatment Alternatives for Street Crime)
Virginia L. Todd, Special Services Oregon Police Department
Lt. Robert Henry, Planning & Research Section Cpt. Ray Carroll Toledo Police Department
Ruth Arden, Executive Director St. Paul's Community Center
Richard Arnold United Health Services
Richard Suehrstedt, Residential Coordinator Board of Mental Retardation
Jim Dennis, Executive Director Corrections Commission of Northwest Ohio
Patti Steinem-Filipski, Supervisor David Knepper Adult Parole Authority
James J. Robincheck, Regional Administrator Adult Parole Authority
Deacon Dzierzawski, Executive Director Lucas County Community Prevention Partnership
Wes Bullock, Ph.D. University of Toledo, Dept. of Psychology
Debra El-Amin, Director of Adult Services Jacqueline Martin, Executive Director Lucas County Mental Health Board

task force roster adult-youth word

Mutual Systems Performance Agreement (MSPA)

The Board is required under statute (ORC 340.03 (A)) to review its MSPA annually. The plan is the foundation of the relationship between the Ohio Department of Mental Health and local boards and needs to be approved by a vote of the local board members. This document was prepared by staff according to the format prescribed by the State. It was discussed at the Programs and Services Committee, and then draft copies were distributed to all Board members as part of the mailing for the March Policy Committee meeting where it was presented by the Executive Director and reviewed by the Committee. No changes were made to the draft document, therefore it is not being included as part of the mailing for the March Board meeting. Any interested party desiring to see the material may make arrangements to obtain a copy from the Board Office.

Dr. Stewart moved and Ms. Zalewski seconded that the Lucas County Mental Health Board approve the FY 2004 Mutual Systems Performance Agreement (MSPA), and to authorize the Executive Director to sign the Plan and the statements of Certification and Assurances to be submitted to the Ohio Department of Mental Health. Voting on the motion was Mr. Rothenbuhler - yes; Mr. Arquette - no; Mr. Dansack - yes; Ms. Loch - yes; Ms. Willis - yes; Dr. Doukides - yes; Dr. Stewart - yes; Ms. Boney - yes; Ms. Atkins - yes; Mr. Romanoff - yes; Mr. Schlaudecker - yes; Ms. Zalewski - yes. Motion carried.